

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		48	5/8/01
FORMALITY REVIEW	<i>[Signature]</i>	TC 886	06-17-01
RESPONSE FORMALITY REVIEW	LI	1106	11/15/01
	BZ	897	01-10-02

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	7/2/02
2	✓
3	✓
4	✓
5	✓
6	N
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Claim	Date
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If more than 150 claims or 10 actions
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TITLE APPLICANTS

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Form P1
(Rev. 6/1)